

2019 Sep-09 PM 04:07  
U.S. DISTRICT COURT  
N.D. OF ALABAMA

## Alabama Department of Corrections

## INCIDENT REPORT

<b>1. Institution/Division:</b> HOLMAN DEATH ROW		<b>2. Date:</b> 1/12/2017	<b>3. Time:</b> 12:30:00 PM	<b>4. Inc. No:</b> HCF-17-00067 <b>Class Code:</b> B
<b>5. Type of Incident - PRIMARY:</b> Possession of a Communication Device(s) / Accessory(s)			<b>6. ASCA Incident Type - PRIMARY:</b>	
<b>7. Type of Incident - Secondary:</b> N/A			<b>8. ASCA Incident Type - Secondary:</b>	
<b>9. Who Received Report:</b> EARL, CHRISTOPHER A			<b>10. Time Incident Reported:</b> 1/12/2017 12:35:00 PM	
<b>11. Location of Incident:</b> G-26				
<b>12. Victim(s):</b>		<b>Name</b> AIS		
		N/A		
<b>13. Suspect(s):</b>		<b>Name</b> AIS		
		MAPLES, COREY 0000Z624		
<b>14. Witness(es):</b>		<b>Name</b> AIS		
		N/A		
<b>PHYSICAL EVIDENCE:</b>				
<b>15. Type of Evidence / Description:</b>			<b>16. Chain of Evidence / Location &amp; Date:</b>	
<b>17. Narrative Summary:</b> On January 12, 2017 at approximately 12:30 p.m., Sergeant Corey Lewis conducted a search of inmate Corey Maples W/Z624 and his assigned cell G-26. During the search, Sergeant Lewis confiscated (1)Touch screen cell phone and one cell phone charger from underneath inmate Maples mattress. Inmate Maples remains in cell G-26 pending disciplinary action for Possession of a communications device/accessories. At approximately 1:00 p.m., Sergeant Lewis placed the cell phone and cell phone charger in the cell phone evidence box located in front of central control. Sergeant Lewis advised Sergeant Christopher Earl and Captain Jeff Emberton of the incident. 1/12/2017 1:16 PM by christopher.earl 5/24/2017 4:44 PM by michael.banks  Signature: _____				

## Alabama Department of Corrections

CREC052

## Inmate Summary

Disciplinary 0000Z624 MAPLES, COREY

For Transactions on 5/28/2014

AIS: 0000Z624 Prev/Next:

Inmate: MAPLES, COREY

## Legal:

R/S: WM Dob: 1974 SSN: xxx-xx-5716

Inst: 999 - HLMN DEATH ROW BED # G1-26A

Admit: 11/21/1997 99 - DEATH ROW

Status: 82 - INCARCERATED

Jail: 000Y 00M 00D

Retro CIT: NONE

Security: (7) Seven

Custody: CLS-

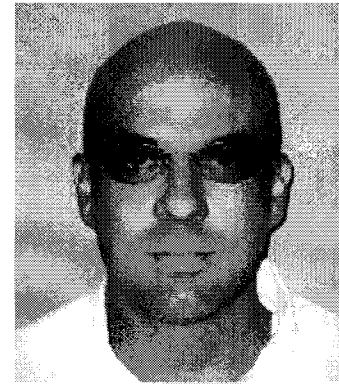
Custody Date: 12/07/2009

Parole Review Date: \* NONE \*

Alias: Alias: MAPLES, COREY ROSS

IMAS: SINGLE CELL  
(Conversion)

Class Date: No Class Date



Total Term	Min Rel Dt	GoodTime Bal	GoodTime Rev	Dead Time	Long Date
000Y 00M 00D		000Y 00M 00D	000Y 00M 00D	00Y 00M 00D	

## Inmate Literal:

## Offenses for 0000Z624

Seq	County	Sent Dt	Case Nbr	Total Fees	Hab Off	JL-CR	Term	
1	MORGAN	11/21/1997	CC1995000842	0.00	N	0	000Y 00M 00D	CS
	002A - MURDER		2 CTS; CAPITAL					

## Detainer Warrants for 0000Z624

Inmate Currently has NO ACTIVE Detainer Warrants

## Probations, Escapes and Paroles for 0000Z624

No Probations

No Escape Sentences

No Escapes

No Parole Releases

Run Date: 5/29/2014 1:10:07 AM

Maples - DOC  
000122

**Alabama Department of Corrections**  
**Inmate Summary**  
**Disciplinary 0000Z624 MAPLES, COREY**  
**For Transactions on 5/28/2014**

CREC052

\*\*\*\*\*  
**Disciplinaries for 0000Z624**

**Seq: 9** MAJOR Discipline on 05/28/2014 At Inst: 999 - HOLMAN DEATH ROW  
 Cust from 6G to 6G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 510 - CONSPIRACY TO COMMIT A VIOLATION OF RULE(S)

**Seq: 8** MAJOR Discipline on 11/01/2011 At Inst: 003 - HOLMAN PRISON  
 Cust from 6G to 6G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 64 - POSSESSION OF CONTRABAND

**Seq: 7** MAJOR Discipline on 09/06/2011 At Inst: 999 - HOLMAN DEATH ROW  
 Cust from 6G to 6G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 64 - POSSESSION OF CONTRABAND

**Seq: 6** Behavior Citation on 10/29/2010 At Inst: 003 - HOLMAN PRISON  
 Cust from 6G to 6G Retain Days: 0  
 Rule: 85 - VIOLATION OF INSTIT. RULES OR REG.

**Seq: 5** MAJOR Discipline on 09/09/2009 At Inst: 003 - HOLMAN PRISON  
 Cust from 3G to 3G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 64 - POSSESSION OF CONTRABAND

**Seq: 4** MAJOR Discipline on 02/05/2008 At Inst: 003 - HOLMAN PRISON  
 Cust from 3G to 3G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 90 - UNDER INFLUENCE OF ALCOHOL OR NARCOTICS

**Seq: 3** MAJOR Discipline on 08/30/2007 At Inst: 999 - HOLMAN DEATH ROW  
 Cust from 3G to 3G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 90 - UNDER INFLUENCE OF ALCOHOL OR NARCOTICS

**Seq: 2** MAJOR Discipline on 10/03/2005 At Inst: 003 - HOLMAN PRISON  
 Cust from 3G to 3G Retain Days: 0 Time Lost: 0Y 0M 0D  
 Rule: 35 - FIGHTING WITHOUT A WEAPON

**Seq: 1** Behavior Citation on 05/01/2000 At Inst: 003 - HOLMAN PRISON  
 Cust from 99 to 99 Retain Days: 0  
 Rule: 90 - UNDER INFLUENCE OF ALCOHOL OR NARCOTICS

Run Date: 5/29/2014 1:10:07 AM

Maples - DOC  
 000123

LWB  
7-8-09

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS

### INCIDENT REPORT

1. Institution: <b>W. C. Holman Correctional Facility</b>	2. Date: <b>06/25/2009</b>	3. Time: <b>10:15 a.m.</b>	4. Incident Number: <b>HP09- 652</b>	Class Code: <b>C</b>
5. Location Where Incident Occurred: <b>Mailroom</b>			6. Type of Incident: <b>Violation of Institutional Rules and Regulations</b>	
7. Time Incident Reported: <b>10:30 a.m.</b>			8. Who Received Report: <b>Watson Bishop, Warden II</b> <i>[Signature]</i>	
9. Victims:				
Name		AIS		
a. <b>None</b>	No.			
b. _____	No.			
c. _____	No.			
10. Suspects:				
Name		AIS		
a. _____	No.	<b>Free world</b>		
b. _____	No.			
c. _____	No.			
d. _____	No.			
e. _____	No.			
11. Witnesses:				
Name		AIS		
a. _____	No.			
b. _____	No.			
c. _____	No.			
d. _____	No.			
e. _____	No.			
f. _____	No.			
g. _____	No.			

**PHYSICAL EVIDENCE:**

12. Type of Evidence

**Letter**

13. Description of Evidence:

**Envelope addressed to Cory Maples, Z624- G-26A, Holman 3700, Atmore, Alabama 36502.**

**Letter enclosed with writings specifically pertaining to information of body fluids on the card.**

14. Chain of Evidence:

- a. **Envelope addressed to Cory Maples, Z624- G-26A**
- b. **Administrative Support Assistant I Ashleigh Etheridge**
- c. **Watson Bishop, Warden II**
- d. **Administrative Support Assistant I Ashleigh Etheridge**
- e. **Destroyed**

15. Narrative Summary:

**On June 25, 2009, at approximately 10:15 a.m., while opening incoming mail at W.C. Holman Correctional Facility; Administrative Support Assistant I Ashleigh Etheridge opened a letter sent in to inmate Cory Maples Z624 G-26A, Holman 3700, Atmore, Alabama 36502 from Washington. Enclosed in the envelope was a letter that contained information of body fluids being present on the letter. The letter has several small places on it that were discolored and a specific statement from "Oh- and I touched all over it ☺ LMAO." This was the statement in the letter.**

**This incident was reported approximately at 10:30 a.m. to Watson Bishop, Warden II.**

Distribution: ORIGINAL AND ONE (1) COPY to Central I & I Division  
COPY to Institutional File

COPY to Deputy Commissioner of Operations (Class A and B ONLY)  
COPY to Central Records Office

ADOC Form 302-A – June 1, 2005

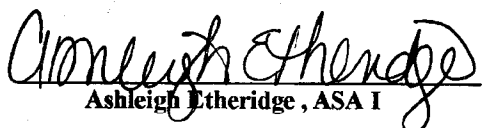
Maples - DOC  
000124

*[Signature]*  
7/13/09



STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS

**INCIDENT REPORT/DUTY OFFICER REPORT  
CONTINUATION**

<b>Institution:</b> <b>W. C. Holman Correctional Facility</b>	<b>Incident Number:</b> <b>HP09- 652</b>	<b>Class Code:</b> <b>C</b>
<b>Date:</b> <b>06/25/2009</b>	<b>Type of Incident:</b> <b>Violation of Institutional Rules and Regulations</b>	
<b>Narrative Summary (Continued) Page No.</b>  <p>The evidence was put into a ziploc bag to prevent any type of contamination.</p> <p>The envelope and all contents were destroyed properly by placing in the destroyed mail container so that no contamination would be possible to anyone.</p> <p>Administrative Support Assistant I, Mail Clerk, Ashleigh Etheridge completed an incident report and no further action to be taken by Mrs. Etheridge at this time.</p> <p>A letter will be sent to Ms. _____ to inform her of this violation and that this is not condoned at any facility. This will constitute possible barring of correspondence for a period of 180 days for the first offense. If the situation occurs again; then it could result in possible barring for indefinite.</p> <p>See attached: (copy of envelope that was mailed into facility)</p> <div style="text-align: center; margin-top: 20px;">               Ashleigh Etheridge, ASA I           </div>		

ADOC Form 302-B -- June 1, 2005

## SEGREGATION 30—DAY REVIEW

Date: 3/3/00INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ☒ Institutional File☒ Director of Treatment☐ Contract Psychologist/Associate☐ Medical Unit

(Medical Difficulties: \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>	Admin. Detention <input type="checkbox"/>	Disciplinary Seg. <input type="checkbox"/>
	Death Row: <input checked="" type="checkbox"/>	Inmate was placed in segregated housing on <u>11-21-97</u>	
BASIS OF REPORT	<input checked="" type="checkbox"/> Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.	<input type="checkbox"/> Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.	<input type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/> Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	<input type="checkbox"/> Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	<input type="checkbox"/> Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/> APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/> NONE		

OTHER OBSERVATIONS/ COMMENTS (if any)

Stable pleasant

RECOMMENDATIONS (if any)

continue monitoring - literature & treatment of stress problemsRichard E. Holbrook M.S. L.P.C.  
Psychologist Signature

## Date:

Date: 2/1/66

INSTITUTION: HOLMAN CORRECTIONAL FACILITY

SUBJECT: Segregation Unit Psychological review of: Corey Maples

AIS #: Z 624

Unit: HOLMAN SEGREGATION UNIT

To: ~~XX~~ Institutional File

XX Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties : \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>		Admin. Detention <input type="checkbox"/>		Disciplinary Seg. <input type="checkbox"/>	
	Death Row: <input checked="" type="checkbox"/>				Inmate was placed in segregated housing on <input type="text" value="11-21-97"/>	
BASIS OF REPORT	<input checked="" type="checkbox"/>	Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.		<input type="checkbox"/>	Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/>	Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.		<input type="checkbox"/>	Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/>	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		<input type="checkbox"/>	Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	
					Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.	
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/>	APPROPRIATE				
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/>	NONE				

Stable pleasant

Continue monitoring - literature & treatment of other problems.

Richard C. Hollbrook M.S. L.P.C.  
Psychologist Signature

Maples - DOC  
000127

## SEGREGATION 30—DAY REVIEW

Date: 12/6/99

INSTITUTION: HOLMAN CORRECTIONAL FACILITY

SUBJECT: Segregation Unit Psychological review of: Corey Maples

AIS #: 2624

Unit: HOLMAN SEGREGATION UNIT

To: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>	Admin. Detention <input type="checkbox"/>	Disciplinary Seg. <input type="checkbox"/>
	Death Row: <input checked="" type="checkbox"/>	Inmate was placed in segregated housing on 11-21-97	
BASIS OF REPORT	<input checked="" type="checkbox"/> Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.	<input type="checkbox"/> Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.	<input type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/> Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	<input type="checkbox"/> Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	<input type="checkbox"/> Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/> APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/> NONE		

OTHER OBSERVATIONS/ COMMENTS (if any)

Stable pleasant

RECOMMENDATIONS (if any)

continue monitoring - literature &amp; treatment of stress problems

Richard E. Holbrook M.S. L.P.C.  
Psychologist SignatureMaples - DOC  
000128

Attachment 1  
(Revised 3/90)

## SEGREGATION 30—DAY REVIEW

Date: 01/5/99INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ~~XX~~ Institutional FileXX Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties : \_\_\_\_\_)

SEGREGATED  
HOUSING  
INFORMATIONHoused in: ☐Admin. Detention ☐Disciplinary Seg. ☐Death Row: ☒

Inmate was placed in segregated housing on

11-21-97BASIS  
OF REPORT☒

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.

CURRENT  
MENTAL  
STATUS☒

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.

ADJUSTMENT  
TO  
SURROUNDINGS☒

Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.

Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.

Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.

GROOMING  
AND  
LIVING AREA☒

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED☒

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)Stable pleasantRECOMMENDA-  
TIONS  
(if any)continue monitoring - literature + treatment of stress problemsRichard E. Hollbrook M.S. L.P.C.  
Psychologist SignatureMaples - DOC  
000129

## SEGREGATION 30—DAY REVIEW

Date: 11/1/99INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties : \_\_\_\_\_)

SEGREGATED  
HOUSING  
INFORMATIONHoused in: ☐Admin. Detention ☐Disciplinary Seg. ☐Death Row: ☒

Inmate was placed in segregated housing on

11-21-97BASIS  
OF REPORT☒

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.

CURRENT  
MENTAL  
STATUS☒

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.

ADJUSTMENT  
TO  
SURROUNDINGS☒

Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.

☐ Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.☐ Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.GROOMING  
AND  
LIVING AREA☒

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED☒

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)Stable pleasantRECOMMENDA-  
TIONS  
(if any)continue monitoring - literature & treatment of stress problemsRichard E. Holbrook M.S. L.P.C.  
Psychologist Signature

## SEGREGATION 30—DAY REVIEW

Date: 9/1/95INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ☒ Institutional File☒ Director of Treatment☐ Contract Psychologist/Associate☐ Medical Unit

(Medical Difficulties: \_\_\_\_\_)

SEGREGATED  
HOUSING  
INFORMATIONHoused in: ☐Admin. Detention ☐Disciplinary Seg. ☐Death Row: ☒

Inmate was placed in segregated housing on

11-21-97BASIS  
OF REPORT☒

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

☐ Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.CURRENT  
MENTAL  
STATUS☒

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

☐ Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.ADJUSTMENT  
TO  
SURROUNDINGS☒

Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.

☐ Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.☐ Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.GROOMING  
AND  
LIVING AREA☒

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED☒

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)Stable pleasantRECOMMENDA-  
TIONS  
(if any)continue monitoring - literature & treatment of stress problemsRichard E. Hallbrook M.S. L.P.C.  
Psychologist Signature



## Date:

ALS #: 2624

\_\_\_\_ Contract Psychologist/Associate

## Maples - DOC



## SEGREGATION 30—DAY REVIEW

Date: 7/14/97INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties: \_\_\_\_\_)

SEGREGATED  
HOUSING  
INFORMATIONHoused in: ☐Admin. Detention ☐Disciplinary Seg. ☐Death Row: ☒

Inmate was placed in segregated housing on

11-21-97BASIS  
OF REPORT☒

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.

CURRENT  
MENTAL  
STATUS☒

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.

ADJUSTMENT  
TO  
SURROUNDINGS☒

Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.

☐ Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.☐ Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.GROOMING  
AND  
LIVING AREA☒

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED☒

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)Stable pleasantRECOMMENDA-  
TIONS  
(if any)continue monitoringRichard C. Holbrook M.S. L.P.C.  
Psychologist Signature

## SEGREGATION 30—DAY REVIEW

Date: 6/4/99

INSTITUTION: HOLMAN CORRECTIONAL FACILITY

SUBJECT: Segregation Unit Psychological review of: Corey Maples

AIS #: 2624

Unit: HOLMAN SEGREGATION UNIT

To: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties : \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>	Admin. Detention <input type="checkbox"/>	Disciplinary Seg. <input type="checkbox"/>
	Death Row: <input checked="" type="checkbox"/>		
	Inmate was placed in segregated housing on 11-21-97		
BASIS OF REPORT	<input checked="" type="checkbox"/> Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.	<input type="checkbox"/> Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.	<input type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/> Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	<input type="checkbox"/> Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	<input type="checkbox"/> Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/> APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/> NONE		

OTHER OBSERVATIONS/ COMMENTS  
(if any)

Stable pleasant

RECOMMENDATIONS  
(if any)

continue monitoring

Richard E. Holtzworth M.S. L.P.C.  
Psychologist Signature

## Date:

SUBJECT: Segregation Unit Psychological review of: Corey Maples

— AIS #: 2624

To: ~~XX~~ Institutional File

XX Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties -

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>		Admin. Detention <input type="checkbox"/>		Disciplinary Seg. <input type="checkbox"/>	
	Death Row: <input checked="" type="checkbox"/>		Inmate was placed in segregated housing on		<input type="text" value="11-21-97"/>	
BASIS OF REPORT	<input checked="" type="checkbox"/>	Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.		<input type="checkbox"/>	Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/>	Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.		<input type="checkbox"/>	Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/>	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		<input type="checkbox"/>	Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	
					Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.	
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/>	APPROPRIATE				
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/>	NONE				

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)

Stable pleasant

RECOMMENDATIONS  
(if any)

continue monitoring

Richard C. Holbrook M.S. L.P.C.  
Psychologist Signature

Maples - DOC  
000135

## SEGREGATION 30—DAY REVIEW

Date: 3/3/99

INSTITUTION: HOLMAN CORRECTIONAL FACILITY

SUBJECT: Segregation Unit Psychological review of: Corey Maples

AIS #: 2624

Unit: HOLMAN SEGREGATION UNIT

To: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_ Contract Psychologist/Associate

\_\_\_ Medical Unit

(Medical Difficulties \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>	Admin. Detention <input type="checkbox"/>	Disciplinary Seg. <input type="checkbox"/>
	Death Row: <input checked="" type="checkbox"/>	Inmate was placed in segregated housing on <u>11-21-97</u>	
BASIS OF REPORT	<input checked="" type="checkbox"/> Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.	<input type="checkbox"/> Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.	<input type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/> Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	<input type="checkbox"/> Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	<input type="checkbox"/> Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/> APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/> NONE		

OTHER OBSERVATIONS/ COMMENTS (if any)

Stable pleasant

RECOMMENDATIONS (if any)

continue monitoring

Richard E. Hollbrook M.S. L.P.C.  
Psychologist Signature

Attachment 1  
(Revised 3/90)

## SEGREGATION 30—DAY REVIEW

Date: 2/9/99INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ☒ Institutional File☒ Director of Treatment☐ Contract Psychologist/Associate☐ Medical Unit

(Medical Difficulties : \_\_\_\_\_)

SEGREGATED  
HOUSING  
INFORMATIONHoused in: ☐Admin. Detention ☐Disciplinary Seg. ☐Death Row: ☒

Inmate was placed in segregated housing on

11-21-97BASIS  
OF REPORT☒

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

☐ Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.CURRENT  
MENTAL  
STATUS☒

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

☐ Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.ADJUSTMENT  
TO  
SURROUNDINGS☒

Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.

☐ Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.☐ Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.GROOMING  
AND  
LIVING AREA☒

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED☒

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)Stable pleasantRECOMMENDA-  
TIONS  
(if any)continue monitoringRichard C. Hollman M.S. L.P.C.  
Psychologist SignatureMaples - DOC  
000137

Date: 2/28/98

SUBJECT: Segregation Unit Psychological review of: Corey Maples

... AIS #: Z 624

To: ~~XX~~ Institutional File

XX Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

SEGREGATED  
HOUSING  
INFORMATION

Housed in:

## Admin. Detention

Disciplinary Seg.

Death Row:

Inmate was placed in segregated housing on

## BASIS OF REPORT

**X**

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.

CURRENT  
MENTAL  
STATUS

A

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.

## ADJUSTMENT TO SURROUNDINGS

1

Satisfactory.  
Segregated housing  
does not appear to  
be detrimental to inmate's  
mental health.

Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.

Unsatisfactory.  
Segregated housing  
appears to be detri-  
mental to inmate's  
mental health.

GROOMING  
AND  
LIVING AREA

1

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED

A

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)

fair adjustment

RECOMMENDATIONS  
(if any)

Continuous monitoring

Richard C. Holbrook M.S. L.P.C.  
Psychologist Signature

Maples - DOC  
000138

## SEGREGATION 30—DAY REVIEW

Date:

10/2/98

INSTITUTION: HOLMAN CORRECTIONAL FACILITY

SUBJECT: Segregation Unit Psychological review of: Carey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_ Contract Psychologist/Associate

\_\_\_ Medical Unit

(Medical Difficulties: \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>	Admin. Detention <input type="checkbox"/>	Disciplinary Seg. <input type="checkbox"/>
	Death Row: <input checked="" type="checkbox"/>	Inmate was placed in segregated housing on <u>11-21-97</u>	
BASIS OF REPORT	<input checked="" type="checkbox"/> Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.	<input type="checkbox"/> Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.	<input type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/> Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	<input type="checkbox"/> Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	<input type="checkbox"/> Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/> APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/> NONE		

OTHER OBSERVATIONS/ COMMENTS  
(if any)

Stable

RECOMMENDATIONS  
(if any)

Continue monitoring

Richard E. Holtbrook M.S. L.P.C.  
Psychologist Signature



## SEGREGATION 30—DAY REVIEW

Date:

INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ~~XX~~ Institutional File~~XX~~ Director of Treatment Contract Psychologist/Associate Medical Unit

(Medical Difficulties: \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>		Admin. Detention <input type="checkbox"/>		Disciplinary Seg. <input type="checkbox"/>	
	Death Row: <input checked="" type="checkbox"/>		Inmate was placed in segregated housing on <u>11-21-97</u>			
BASIS OF REPORT	<input checked="" type="checkbox"/>	Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.		<input type="checkbox"/>	Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
	<input type="checkbox"/>			<input type="checkbox"/>		
CURRENT MENTAL STATUS	<input type="checkbox"/>	Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.		<input type="checkbox"/>	Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
	<input type="checkbox"/>			<input type="checkbox"/>		
ADJUSTMENT TO SURROUNDINGS	<input type="checkbox"/>	Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.		<input type="checkbox"/>	Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	
	<input type="checkbox"/>			<input type="checkbox"/>	Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.	
GROOMING AND LIVING AREA	<input type="checkbox"/>	APPROPRIATE				
	<input type="checkbox"/>					
MOOD OR THOUGHT DISORDERS NOTED	<input type="checkbox"/>	NONE				
	<input type="checkbox"/>					

OTHER OBSERVATIONS/  
COMMENTS  
(if any)RECOMMENDATIONS  
(if any)

Richard E. Hallbrook M.S. L.P.C.  
Psychologist Signature



## SEGREGATION 30—DAY REVIEW

Date:

1/30/98

INSTITUTION: HOLMAN CORRECTIONAL FACILITY

SUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: XX Institutional FileXX Director of Treatment     Contract Psychologist/Associate     Medical Unit

(Medical Difficulties : \_\_\_\_\_)

SEGREGATED  
HOUSING  
INFORMATIONHoused in: ☐Admin. Detention ☐Disciplinary Seg. ☐Death Row: ☒Inmate was placed in segregated housing on BASIS  
OF REPORT☒

Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.

Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.

CURRENT  
MENTAL  
STATUS☒

Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.

Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.

ADJUSTMENT  
TO  
SURROUNDINGS☒

Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.

☐ Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.☐ Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.GROOMING  
AND  
LIVING AREA☒

APPROPRIATE

MOOD OR  
THOUGHT  
DISORDERS  
NOTED☒

NONE

OTHER  
OBSERVATIONS/  
COMMENTS  
(if any)*Good Adjustment*RECOMMENDA-  
TIONS  
(if any)*Continue monitoring.**Richard E. Hollbrook* M.S. L.P.C.  
Psychologist Signature

## SEGREGATION 30—DAY REVIEW

Date: 12/31/97INSTITUTION: HOLMAN CORRECTIONAL FACILITYSUBJECT: Segregation Unit Psychological review of: Corey MaplesAIS #: 2624Unit: HOLMAN SEGREGATION UNITTo: ~~XX~~ Institutional File~~XX~~ Director of Treatment

\_\_\_\_ Contract Psychologist/Associate

\_\_\_\_ Medical Unit

(Medical Difficulties \_\_\_\_\_)

SEGREGATED HOUSING INFORMATION	Housed in: <input type="checkbox"/>	Admin. Detention <input type="checkbox"/>	Disciplinary Seg. <input type="checkbox"/>
	Death Row: <input checked="" type="checkbox"/>	Inmate was placed in segregated housing on <input type="text"/>	
BASIS OF REPORT	<input checked="" type="checkbox"/> Inmate was interviewed. Other staff were consulted and, where deemed necessary, institutional records were reviewed.	<input type="checkbox"/> Inmate refused to be interviewed, but was observed. Other staff were consulted and, when deemed appropriate relevant institutional records were reviewed.	
CURRENT MENTAL STATUS	<input checked="" type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect no significant mental problems.	<input type="checkbox"/> Inmate's current mental, emotional, or behavioral reactions reflect significant mental problems.	
ADJUSTMENT TO SURROUNDINGS	<input checked="" type="checkbox"/> Satisfactory. Segregated housing does not appear to be detrimental to inmate's mental health.	<input type="checkbox"/> Unsatisfactory. However, segregated housing is not a major contributor to present adjustment problems.	<input type="checkbox"/> Unsatisfactory. Segregated housing appears to be detrimental to inmate's mental health.
GROOMING AND LIVING AREA	<input checked="" type="checkbox"/> APPROPRIATE		
MOOD OR THOUGHT DISORDERS NOTED	<input checked="" type="checkbox"/> NONE		

OTHER OBSERVATIONS/ COMMENTS (if any)

Good Adjustment

RECOMMENDATIONS (if any)

Continue monitoringRichard C. Hollbrook M.S. L.P.C.  
Psychologist Signature

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
12/18	MORN	✓								BB
	DAY		Y							AL
	EVE			Y						AL
12/19	MORN	✓								BB
	DAY									
	EVE									
12/20	MORN	Y								Harris
	DAY		Y							
	EVE			Y						
12/21	MORN	Y								Harris
	DAY		Y			R				FS
	EVE			Y						
12/22	MORN	✓								BB
	DAY		Y							AL
	EVE			Y						AL
12/23	MORN	✓								BB
	DAY		Y							AL
	EVE			Y						AL
12/24	MORN	Y								Harris
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CorayAIS NO. W/7-1624CELL: G-26VIOLATION OR REASON: 1

ADMITTANCE AUTH BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	OIC SIGNATURE
		B	D	S					
25/12	MORN	Y							S. Harris For
	DAY		Y						
	EVE			Y					
26/12	MORN	Y							S. Harris AC AC
	DAY		Y						
	EVE			Y					
27/12	MORN	✓							BB AC AC
	DAY		Y						
	EVE			Y					
28/12	MORN	✓							BB AC AC
	DAY		Y						
	EVE			Y					
29/12	MORN	Y							S. Harris
	DAY								
	EVE								
30/12	MORN	Y							S. Harris AC AC
	DAY		Y						
	EVE			Y					
31/12	MORN	✓							BB AC AC
	DAY		Y						
	EVE			Y					

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SE Shower - Yes (Y) or No (N), Refused (R)

Maples - DOC  
 000144

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1	MORN									
	DAY									
	EVE									
2 4	MORN									
	DAY		Y							
	EVE		Y							
3 5	MORN									
	DAY		Y							
	EVE		Y							
4 6	MORN									
	DAY		Y							
	EVE		Y							
5 7	MORN									
	DAY									
	EVE									
6 18	MORN									
	DAY		Y							
	EVE		Y							
7 14	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES Corey AIS NO. W/Z-1624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 1/10	MORN	/								BE
	DAY									
	EVE			/						BE
2 1/11	MORN	/								BE
	DAY	/								BE
	EVE			/						BE
3 1/12	MORN	/								BE
	DAY	/								BE
	EVE			/						BE
4 1/13	MORN	/								BE
	DAY	/								BE
	EVE			/						BE
5 1/14	MORN	/								BE
	DAY	/								BE
	EVE			/						BE
6 1/15	MORN	/								BE
	DAY	/								BE
	EVE			/						BE
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR 434 - December 22, 2004



W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coroy AIS NO. W-21024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 1/17	MORN									
	DAY									
	EVE				Y					
2 1/18	MORN									
	DAY									
	EVE									
3 1/19	MORN									
	DAY									
	EVE									
4 1/20	MORN									
	DAY									
	EVE					R				
5 1/21	MORN									
	DAY									
	EVE									
6 22	MORN									
	DAY									
	EVE									
7 23	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
9/10	MORN									
	DAY									
	EVE			Y	Y	N	Y		CP meds	WP
9/11	MORN	Y								JR
	DAY		X							
	EVE			Y	N	N	Y		CP meds	SH Shirley
9-12	MORN	Y			N					SH Shirley
	DAY		N		N					
	EVE			Y	Y	N	Y		CP meds	SH Shirley
9-13	MORN	Y			N					SH Shirley
	DAY		Y							
	EVE			Y	N		Y		MV	DS K Long
9-14	MORN				N					DS K Long
	DAY									DS
	EVE				Y		Y		MV	DS
9/15	MORN	Y			N					DS K Long
	DAY		Y					SB		DS
	EVE			Y	N	N	Y		CP med	SH Shirley
9-16	MORN	Y			N					SH Shirley
	DAY		Y		N	P				
	EVE				Y	N				SH

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2018
 INMATE NAME: Maples, Corey AIS NO: W/2624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6-24	MORN	Y			N					SH
	DAY									
	EVE				N					SH
6-25	MORN	N			N					SH
	DAY		Y							SH
	EVE		Y	Y						
6-26	MORN	N								SH
	DAY		Y							WT
	EVE			Y						WT
6-27	MORN	Y								TS
	DAY									
	EVE				Y					SH
6-28	MORN	N			N					SH
	DAY		N							WT
	EVE			Y	N		PD		mm	SH
6-29	MORN	N			N			SB		SH
	DAY		Y							WT
	EVE			Y	Y					UB
6-30	MORN	Y								UB
	DAY		Y							WT
	EVE			Y			UB		mm	WT

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. W/7-1624CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1/25	MORN									
	DAY									
	EVE									
1/26	MORN									<i>dal</i>
	DAY									<i>JK</i>
	EVE									<i>JS</i>
1/27	MORN									<i>EW</i>
	DAY									<i>(W)</i>
	EVE									<i>(W)</i>
1/28	MORN									<i>EW</i>
	DAY									<i>(W)</i>
	EVE									<i>(W)</i>
2/1	MORN									<i>(W)</i>
	DAY									<i>(W)</i>
	EVE									<i>(W)</i>
1/30	MORN									<i>cu</i>
	DAY									<i>(W)</i>
	EVE									<i>(W)</i>
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR 434 - December 22, 2004

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 7-31	MORN	✓								WB
	DAY									
	EVE			✓						WB
2 1	MORN									
	DAY		Y							@
	EVE		Y							
3 2	MORN									
	DAY		Y							@
	EVE		Y							
4 2/3	MORN	✓								BT
	DAY		Y							@
	EVE		Y							
5 4/4	MORN	✓								tw
	DAY		Y							
	EVE			✓						DW
6 5	MORN									
	DAY		Y							@
	EVE		Y							
7 6	MORN	✓								HB
	DAY		Y							JH
	EVE			✓						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
7 Feb 16	MORN	/							
	DAY				N				VM
	EVE		/						NM
2 7/8	MORN	/							
	DAY	/							OF
	EVE			/					DW
3 2/9	MORN	/							
	DAY		/						DH
	EVE		/						(u)
4 2/10	MORN	/							
	DAY		/						DH
	EVE		/						(G)
5 2/11	MORN	/							
	DAY		/						HS
	EVE		/						(a)
6 12	MORN	/							
	DAY		/						(a)
	EVE		/						(a)
7 2/13	MORN	/							
	DAY		/						Jones
	EVE		/						(a)

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

9 of 12

AR 434 - December 22, 2004

W.C. Holman CF      2017  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey      AIS NO. W-21024      CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_      ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_      DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 1/1	MORN	✓			✓	✓	✓	✓		BB
	DAY		Y		✓	✓	✓	✓		CAE
	EVE		Y	Y	✓	✓	✓	✓		CAE
2 1/2	MORN	✓			✓	N	N	N		DB
	DAY		Y		✓	✓	✓	✓		CAE
	EVE		Y	Y	✓	✓	✓	✓		CAE
3 1/3	MORN	Y			✓	✓	N	N		Shawna
	DAY		Y		✓	✓	N	N		CAE
	EVE		Y	Y	✓	✓	N	N		CAE km
4 1/4	MORN	Y			✓	✓	✓	✓		Shawna
	DAY		Y		✓	✓	✓	✓		CAE
	EVE		Y	Y	✓	✓	✓	✓		CAE
5 1/5	MORN	✓			✓	✓	✓	✓		BB
	DAY		Y		✓	✓	✓	✓		CAE
	EVE		Y	Y	✓	✓	✓	✓		CAE
6 1/6	MORN	✓			✓	✓	✓	✓		BB
	DAY		Y		✓	✓	✓	✓		CAE
	EVE		Y	Y	✓	✓	✓	✓		CAE
7 1/7	MORN	Y			✓	✓	N	N		Shawna
	DAY		Y		✓	✓	N	N		CAE
	EVE		Y	Y	✓	✓	N	N		CAE

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

Maples - DOC  
000153



W.C. Holman CF-2016  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1-8	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		He
	EVE		Y		n	n	n	n	n	He
1-9	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		SH
	EVE		Y		n	n	n	n		SH
1-10	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		SH
	EVE		Y		n	n	n	n		SH
1-11	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		SH
	EVE		Y		n	n	n	n		SH
1-12	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		SH
	EVE		Y		n	n	n	n		SH
1-13	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		SH
	EVE		Y		n	n	n	n		SH
1-14	MORN	Y			n	n	n	n		SH
	DAY	Y			n	n	n	n		SH
	EVE		Y		n	n	n	n		SH

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC  
000154

W.C. Holman CF-2016  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W12624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1/15	MORN	Y				N				D Brown
	DAY		N						2 meal day	
	EVE		Y							
1/16	MORN									D Brown
	DAY					N	N	N		
	EVE			Y						
1/17	MORN	Y			N					D Brown
	DAY		Y			N	N	N		
	EVE		Y	Y		N	N	N		
1/18	MORN	Y			N					D Brown
	DAY		Y			N		SB		
	EVE		Y	Y						
1/19	MORN	Y								D Brown
	DAY		Y			N				
	EVE		Y	Y						
1/20	MORN	Y								D Brown
	DAY		Y			N				
	EVE				N	N	N	N		
1/21	MORN	Y			N					D Brown
	DAY									
	EVE			Y	N	N	N	N		

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman CF-2016  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1-22	MORN	Y			N	N	N	N		R B O L o n
	DAY		N		N	N	N	N		
	EVE		Y		N	N	N	N		
1-23	MORN	Y			n	n	n	n		R B O L o n
	DAY		Y		n	n	n	n		
	EVE		Y	Y						
1-24	MORN	Y								R S
	DAY		Y		n					
	EVE		Y	Y						
1-25	MORN	Y			N	N	N	N		D. B. — R B O L o n
	DAY		Y		N	N	N	N		
	EVE		Y	Y		N	N	N		
1-26	MORN	Y			N	N	N	N		R B O L o n
	DAY		Y		n	n	n	n		
	EVE		Y	Y	n	n	n	n		
1-27	MORN	N			n	n	n	n		R B O L o n
	DAY		Y		n	n	n	n		
	EVE		Y	Y			SB			
1-28	MORN	Y								D. B. — R B O L o n
	DAY		Y		n					
	EVE		Y	Y						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
12/14	MORN	✓								TR
	DAY									MB
	EVE			✓						
2/15	MORN	✓								TR
	DAY	✓								MB
	EVE			✓						
3/16	MORN	✓								TR
	DAY					R				MB
	EVE			✓						
4/17	MORN	✓								TR
	DAY									MB
	EVE			✓						
5/18	MORN									TR
	DAY			✓						MB
	EVE			✓						
6/19	MORN									TR
	DAY		x							MB
	EVE			x						
7/20	MORN									TR
	DAY			✓						MB
	EVE			✓						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coray AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 1/29	MORN	Y								D.B.
	DAY	Y								
	EVE			Y						A. K. Kade
2 1/30	MORN	Y								
	DAY	Y	Y							
	EVE		Y	Y	N	N	N	N	N	R Bolar
3 1/31	MORN	Y			N	N	N	N	N	R Bolar
	DAY	Y	Y			N	N	N	N	
	EVE		Y	Y	N	N	N	N	N	J. Kyle
4 2/1	MORN	Y			N	N	N	N	N	J. Kyle
	DAY		Y	Y		N				
	EVE		Y	Y						
5 2/2	MORN	Y								J. Kyle
	DAY	Y	Y		N					
	EVE		Y	Y						
6 2/3	MORN	Y								R. Lee
	DAY	Y	Y			N		30		
	EVE		Y	Y	N	N	N	N	N	R Bolar
7 2/4	MORN	Y			N	N	N	N	N	R Bolar
	DAY	Y	Y			N				
	EVE		Y	Y	Y	N	N	N	N	R Bolar

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017INMATE NAME: Maples CoreyAIS NO. W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED:

DATE &amp; TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 2-5	MORN	Y			N	N	N	N	N	R B Balar
	DAY		N		N	N	N	N		NM
	EVE			Y	N	N	N	N	N	NM R B Balar
2 2-6	MORN	Y			N	N	N	N	N	R B Balar
	DAY	Y	Y			N				RS
	EVE		Y	Y						D.B.
3 2-7	MORN	Y								D.B.
	DAY	Y	Y			N				A. Kido
	EVE		Y	Y						A. Kido
4 2-8	MORN	Y								D. B.
	DAY	Y	Y			N				M. Bunch
	EVE			Y	R	N	N	N	N	M. Bunch Balar
5 2-9	MORN	Y			N	N	N	N	N	R B Balar
	DAY	Y	Y			N				
	EVE		Y	Y	N	N	N	N	N	R B Balar
6 2-10	MORN	Y			N					R B Balar
	DAY	Y	Y			N		SB		RS
	EVE		Y	Y						OB
7 2-11	MORN	Y								D. B.
	DAY	Y	Y			N				RS
	EVE		Y	Y						OB

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

HOLMAN CORRECTIONAL

(INSTITUTION)

2016  
2015

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES CoreyAIS NO. W/7-1624CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
12/16	MORN	X								nm
	DAY									
	EVE			X						
2/22	MORN									nm
	DAY									
	EVE									
23	MORN									(ac)
	DAY									
	EVE									
2/24	MORN	✓								JD
	DAY									
	EVE									
2/25	MORN									nm
	DAY	X								
	EVE			X						
2/26	MORN	✓								TR
	DAY									
	EVE									
2/27	MORN	✓								nm
	DAY	✓								
	EVE			✓						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 28/116	MORN	X								nm
	DAY									
	EVE			X	Y					nm
2 2/29	MORN	✓								BP
	DAY		u							(C)
	EVE			u						
3 3/11	MORN									
	DAY		✓			R				KS
	EVE			✓						
4 2	MORN									
	DAY		u							(C)
	EVE			u						
5 3/3	MORN	✓								
	DAY									
	EVE				Y					
6 3/4	MORN	✓								BP
	DAY		u							(C)
	EVE			u						
7 3/5	MORN					NU				AS
	DAY		✓							AK
	EVE			✓	Y					BS

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21004 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 3/13	MORN	✓			✓					
	DAY		✓		Y					CASE
	EVE									
2 3/16	MORN	✓								ELP
	DAY		✓							(CLL)
	EVE									
3	MORN									
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
3/20	MORN									
	DAY									
	EVE									
3/21	MORN									
	DAY									
	EVE									
3/22	MORN									
	DAY									
	EVE									
3/23	MORN									
	DAY									
	EVE									
3/24	MORN									
	DAY									
	EVE									
3/25	MORN									
	DAY									
	EVE									
3/26	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coroy AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
2/24	MORN	Y								Sgt Peck
	DAY				N					
	EVE			Y						
2/27	MORN	Y								B R. B. Olan
	DAY		Y		N	N	N	N		
	EVE			Y	N	N	N	N		
2/28	MORN	Y			N	N	N	N		R. B. Olan IM IM R. B. Olan
	DAY		Y		N	N	N	N		
	EVE			Y	Y	N	N	N		
3/1	MORN	Y			N	N	N	N		R. B. Olan AK AK
	DAY		Y		N	N		N		
	EVE		Y	Y						
3/2	MORN	Y								DD AK AK
	DAY		Y		N					
	EVE			Y						
3/3	MORN	N								LL R. B. Olan
	DAY		Y		N	N	N	SB		
	EVE			Y	N					
3/4	MORN	Y			N	N	N	N		R. B. Olan IM R. B. Olan
	DAY		Y		N	N	N	N		
	EVE			Y	Y	N				

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
3/12	MORN	Y			N					RCF
	DAY					N				
	EVE			Y	Y					KL
3/13	MORN	N			N					KL
	DAY									
	EVE				N	N	N		N	DBolay
3/14	MORN	Y			N	N	N		N	DBolay
	DAY		Y			N				
	EVE		Y	Y	Y	N	N		N	ARobert
3/15	MORN	Y			N	N	N		N	ARobert
	DAY		Y			N				AK
	EVE		Y	Y						AK
3/16	MORN	Y			N					KL
	DAY		Y			N				
	EVE			Y	Y					KL
3/17	MORN	N			N					KL
	DAY		Y			N				
	EVE		Y	Y	N	N	N	SB	N	DBolay
3/18	MORN	Y			N	N	N		N	DBolay
	DAY									
	EVE				Y	N	N		N	R Bulc

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017

INMATE NAME: Maples CoreyAIS NO. W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED

DATE &amp; TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 3-19	MORN	Y			N	N	N		N	R. B. Carter
	DAY		N		N	N			ADM	
	EVE			Y	N	N	N		N	R. B. Carter
2 3-20	MORN	Y			N	N	N		N	R. B. Carter
	DAY		Y		N	N				R. B. Carter
	EVE			Y	Y					R. B. Carter
3 3-21	MORN	Y			N					R. B. Carter
	DAY		Y		N	N				R. B. Carter
	EVE			Y	N					R. B. Carter
4 3-22	MORN	Y			N					R. B. Carter
	DAY		Y		N	N	N		N	R. B. Carter
	EVE			Y	Y	N	N			R. B. Carter
5 3-23	MORN	Y			N	N	N		N	R. B. Carter
	DAY		Y		N	N	N		N	R. B. Carter
	EVE				N	N	N		N	R. B. Carter
6 3-24	MORN	Y			N					R. B. Carter
	DAY		Y		N	N				R. B. Carter
	EVE			Y	Y			SB		R. B. Carter
7 3-25	MORN	N			N					R. B. Carter
	DAY		Y		N	N				R. B. Carter
	EVE			Y	N					R. B. Carter

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
2/12	MORN	Y								DB
	DAY		N			N			ADM	RS
	EVE			Y						RS
2/13	MORN	Y								KL
	DAY		Y			N				MS
	EVE			Y	N	N	N		N	DB Alan
2/14	MORN	Y			N	N	N		N	DB Alan
	DAY		Y							
	EVE		Y	Y	Y	N	N		N	DB Alan
2/15	MORN	Y			N					DB Alan
	DAY		Y			N				RS
	EVE		Y	Y				SB		RS
2/16	MORN	Y								KL
	DAY		Y			N				RS
	EVE		Y	Y						RS
2/17	MORN	Y								DB Alan
	DAY		Y			N				
	EVE		Y	Y	N	N	N		N	DB
2/18	MORN	Y			N	N	N		N	DB
	DAY		Y							
	EVE		Y	Y	Y	N	N		N	DB

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples Corey AIS NO. W/2624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 2-19	MORN	Y			N	N	N		N	<i>[Signature]</i>
	DAY									
	EVE				N	N	N		N	
2 2-20	MORN	Y			N	N	N		N	<i>[Signature]</i> AK AK
	DAY		Y			N				
	EVE		Y	Y						
3 2-21	MORN	Y								KL FS
	DAY		Y			N				
	EVE			Y						
4 2-22	MORN	Y								ca R. B. B. B.
	DAY	Y	Y			Y	N		N	
	EVE			Y	Y	N	N		N	
5 2-23	MORN	Y			N	N	N		N	R. B. B. B.
	DAY		Y							
	EVE		Y	Y	N	N	N		N	
6 2-24	MORN	Y			N	N	N		N	R. B. B. B. RS
	DAY	Y	Y			N				
	EVE		Y	Y				SB		
7 2-25	MORN	Y								B. B. B. B. RS
	DAY		Y			N				
	EVE		Y	Y						

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coray AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 3/27	MORN	✓								PC
	DAY									
	EVE			✓						PC
2 3/29	MORN	✓								
	DAY		✓							FS
	EVE		✓							
3 3/30	MORN	✓								FS
	DAY		✓							PC
	EVE		✓							
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

~~Holman Correctional Facility~~ 2017INMATE NAME: Maples CoreyAIS NO. W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED

DATE &amp; TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 3-5	MORN	Y			N	N	N		N	RBolay
	DAY					N				CAS
	EVE			Y	N	N	N		N	RBolay
2 3-6	MORN	Y			N	N	N		N	RBolay
	DAY		Y			N				RS
	EVE		Y	Y						D.B.
3 3-7	MORN	Y								D.B.
	DAY		Y			N				RS
	EVE			Y	N					KC
4 3-8	MORN	Y			N					KC
	DAY	Y	Y			N				CAS
	EVE			Y	N	N	N	SB	N	RBolay
5 3-9	MORN	Y			N	N	N		N	RBolay
	DAY		Y			N				CAS
	EVE		Y	Y	N	N	N		N	RBolay
6 3-10	MORN	Y			N	N	N		N	RBolay
	DAY		Y					Y 70		RS
	EVE		Y	Y						
7 3-11	MORN	Y			N					
	DAY		Y							
	EVE		Y	Y	N					D.B.

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

HOLMAN CORRECTIONAL2015/6(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES CoreyAIS NO. W/7-624CELL: G-26VIOLATION OR REASON: 1ADMITTANCE AUTH. BY: DATE & TIME RECEIVED: DATE & TIME RELEASED: PERTINENT INFORMATION: 

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
4/4	MORN									163
	DAY									
	EVE									
2	MORN									
	DAY									
	EVE									
3	MORN									[Signature]
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5	MORN									[Signature]
	DAY									
	EVE									
6	MORN									[Signature]
	DAY									
	EVE									
7	MORN									[Signature]
	DAY									
	EVE									
8	MORN									[Signature]
	DAY									
	EVE									
9	MORN									[Signature]
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and inside or outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES CoreyAIS NO. W/7-624CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	OIC SIGNATURE
		B	D	S						
1	MORN									
	DAY									
	EVE									
2 4-18	MORN									
	DAY									
	EVE									
3 19	MORN									
	DAY									
	EVE									
4 20	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
4/11	MORN	✓								EW
	DAY									
	EVE									
4/12	MORN	✓								JW
	DAY									
	EVE									
4/13	MORN	✓								AK FS
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coray AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
4-9	MORN	N			N					BB
	DAY		N							BB
	EVE			Y	Y		Y		Drugs given	BB
4/10	MORN	Y			N					BB
	DAY	Y	Y		N					BB
	EVE			Y	N	N	Y		Drugs	RBolan
4/11	MORN	Y			N	N				RBolan
	DAY									BB
	EVE				Y	N	Y		Drugs	RBolan
4/12	MORN	Y			N	N				RBolan
	DAY		Y		N	N	Y		Drugs	BB
	EVE			Y	N		Y		Drugs	BB
4/13	MORN	Y			N					BB
	DAY	Y								BB
	EVE				Y		Y	SB	Drugs	BB
4/14	MORN	Y			N					BB
	DAY	Y								BB
	EVE				N	N	Y		Drugs	RBolan
4/15	MORN	Y			N	N				RBolan
	DAY		Y		N	N				RBolan
	EVE			Y	N		Y		Drugs	RBolan

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017

INMATE NAME: Maples CoreyAIS NO: W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED:

DATE &amp; TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
4-16	1 MORN	Y			N	N				D. B. O. C. A. y
	DAY									
	EVE				N	N				
4-17	2 MORN	Y			N	N	Y		P mds	R. B. O. C. A. n
	DAY						Y		P mds	
	EVE				Y		Y		P mds	
4-18	3 MORN	Y			N					R. B. O. C. A. n
	DAY		Y		N		Y		P mds	
	EVE		Y	Y	N	N	Y		P mds	
4-19	4 MORN	Y			N					R. B. O. C. A. n
	DAY						Y		P mds	
	EVE				Y	N	Y		P mds	
4-20	5 MORN	Y			N	N				R. B. O. C. A. n
	DAY		Y		N					
	EVE		Y	Y	N	N	Y		medical visit	
4-21	6 MORN	Y			N					R. B. O. C. A. n
	DAY		Y				Y		P mds	
	EVE		Y	Y	Y		Y		P mds	
4-22	7 MORN	Y			N					R. B. O. C. A. n
	DAY		Y				Y		P mds	
	EVE		Y	Y		N	Y		medical visit	

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.  
Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.  
Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.  
OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 4-24	MORN									(Satter)
	DAY									
	EVE			✓						
2	MORN									
	DAY									
	EVE									
3 4-26	MORN									(aw)
	DAY									
	EVE									
4 4-27	MORN									HS (aw)
	DAY									
	EVE									
5	MORN									A
	DAY									
	EVE									
6 4-29	MORN									(aw)
	DAY									
	EVE									
7 30	MORN									(aw)
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-216024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
4/22	MORN	Y			N					
	DAY		N			N	4:30		Ø meds	RS
	EVE			Y			4:30		Ø mv	
4/24	MORN	Y								
	DAY		Y			N				
	EVE		Y	Y	N	N	4:30		Ø mv	RSBolan
4/25	MORN	Y			N	N				RSBolan
	DAY						4:30		Ø meds	
	EVE				R	N	4:30		Ø meds	RSBolan
4/26	MORN	Y			N	N				RSBolan
	DAY		Y			N	4:30		Ø meds	RS
	EVE		Y	Y			4:30		Ø mv	Smore
4/27	MORN	Y								Smore
	DAY		Y			N	4:30		Ø meds	
	EVE		Y	Y	Y				Ø meds	RS
4/28	MORN	Y			N					RS
	DAY						4:30		Ø meds	
	EVE				N	N				RSBolan
4/29	MORN	Y			N	N				RSBolan
	DAY		Y							
	EVE		Y	Y	Y	N				RSBolan

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017

INMATE NAME: Maples CoreyAIS NO: W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED

DATE &amp; TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 4-2	MORN	Y			N	N				RB Bolar
	DAY		N			N				
	EVE			Y	N	N	RA		meds	RB Bolar
2 4-3	MORN	Y			N	N				RB Bolar
	DAY		Y			N				
	EVE			Y			Y 3		No meds	RB
3 4-4	MORN	Y			N					RB
	DAY		Y			N				RB
	EVE			Y	N		Y 2		No meds	RB
4 4-5	MORN	Y			N					RB
	DAY									RB
	EVE			Y	N	N	IA		meds	RB Bolar
5 4-6	MORN	Y			N	N				RB Bolar
	DAY									
	EVE				N	N	Y 2		No meds	RB Bolar
6 4-7	MORN	Y			N					RB Bolar
	DAY		Y			N				RB
	EVE			Y	Y		Y 3 SB		meds	RB
7 4-8	MORN	Y			N					RB
	DAY		Y			N				RB
	EVE			Y			Y 2		meds	RB

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Conroy AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
3/26	MORN	Y			N					BB
	DAY		N		N					BB
	EVE			Y	Y					BB
3/27	MORN	N			N					BB
	DAY		Y		N					BB
	EVE			Y	N	N	LA			CARBolan
3/28	MORN	Y			N	N	YKA		No meals	BBolan
	DAY		Y			R	YKA			BBolan
	EVE		Y	Y	Y					BBolan
3/29	MORN	Y			N	N				BBolan
	DAY		Y			N				AK
	EVE			Y			YKA		No meals	AK
3/30	MORN	Y			N					BB
	DAY		Y			N				AK
	EVE			Y	Y			SB		AK
3/31	MORN	Y			N					BB
	DAY		Y			N				
	EVE			Y	N	N				
4/1	MORN	Y			N	N				
	DAY									
	EVE				Y	N	RIS		Omics	BBolan

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MADLES CoreyAIS NO. W/7-624CELL: G-26VIOLATION OR REASON: 1

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SE	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1	MORN									
	DAY									
	EVE									
2 5/2/16	MORN	✓								ED
	DAY		✓							ED
	EVE			✓						
3 5/3	MORN	✓								W
	DAY		✓							WB
	EVE			✓						WB
4 1	MORN									
	DAY		✓							
	EVE		✓							ED
5 5	MORN	✓								
	DAY									HB
	EVE									
6 6	MORN									
	DAY		✓							
	EVE			✓						ED
7	MORN	✓								
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SE Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

Maples - DOC  
000180

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017

INMATE NAME: Maples CoreyAIS NO. W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED

DATE &amp; TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 4-30	MORN	Y			N	N				
	DAY		N							
	EVE			Y	N	N				
2 5-1	MORN	Y			N	N				
	DAY		Y			N				
	EVE		Y	Y	Y				meds mv	
3 5-2	MORN	Y			N					
	DAY		Y			N				
	EVE		Y	Y	N				meds mv	
4 5-3	MORN	Y			N					
	DAY		Y			N				
	EVE		Y	Y	N				meds med	
5 5-4	MORN	N			N	N				
	DAY									
	EVE				N	N			mv	
6 5-5	MORN	Y			N					
	DAY		Y			N				
	EVE		Y	Y	Y				meds	
7 5-6	MORN	Y			N					
	DAY		Y							
	EVE		Y	Y					mv	

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 5-8	MORN									WBS
	DAY									
	EVE									WBS
2 5/9	MORN									WBS
	DAY									
	EVE									(C)
3 5/11	MORN									WBS
	DAY									
	EVE									PS
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
5/15	MORN	✓								<i>d</i>
	DAY									
	EVE									
2	MORN									
	DAY									
	EVE									
17	MORN									<i>(Signature)</i>
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5/19	MORN	✓								<i>(Signature)</i>
	DAY									
	EVE									
5/20	MORN									
	DAY									
	EVE									
5/21	MORN	✓								<i>(Signature)</i>
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
5/21	MORN	Y			N					BB
	DAY	Y								
	EVE				N		Y	Y	0 meds	BB
5/22	MORN	Y			N					BB
	DAY	Y								
	EVE				N	N	Y		MW	Stannis
5-23	MORN	Y			N	N				Stannis
	DAY		Y							
	EVE		Y	Y	Y	N	Y		0 meds	FS Stannis
5-24	MORN	Y			N			Y		Stannis
	DAY	Y								
	EVE				Y			SB		BB
5-25	MORN	Y			N					BB
	DAY	Y	Y		N	N				BB
	EVE		Y	Y			Y	SB	0 meds	BB
5/26	MORN	Y			N					BB
	DAY	Y								
	EVE				N	N	Y	SB	0 meds	
5/27	MORN	Y			N					
	DAY	Y	Y							
	EVE		Y	Y			Y		0 meds	Gray

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017

INMATE NAME: Maples CoreyAIS NO. W/2624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED

DATE &amp; TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 5-14	MORN	Y			N	N				SHawins
	DAY									
	EVE				N	N	VA		ORPERS	SHawins
2 5-15	MORN	Y			N	N				SHawins
	DAY		Y			N				SHawins
	EVE		Y	Y	Y		VB		mv	A. Crawford B330
3 5-16	MORN	Y			N					B33
	DAY	Y	Y							B33
	EVE		Y			R	VB		mv	FB
4 5-17	MORN	Y			N					B33
	DAY	Y								B33
	EVE				Y	N		SB		SHawins
5 5-18	MORN	Y			N	N				SHawins
	DAY		Y			N				SHawins
	EVE		Y	Y	N	N	VB		mv	SHawins
6 5-19	MORN	Y			N	N				SHawins
	DAY		Y			N				SHawins
	EVE		Y	Y	Y		VB	SB	Q. Hays	A. Crawford B330
7 5-20	MORN	Y			N					B33
	DAY	Y	Y			N				B33
	EVE		Y				VB		mv	A. Crawford

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.  
Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.  
Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.  
OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



HOLMAN CORRECTIONAL

2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: 1 ADMITTANCE AUTH. BY:   
 DATE & TIME RECEIVED:  DATE & TIME RELEASED:   
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
5/29	MORN	✓								CW
	DAY									
	EVE			✓						
2	MORN									CW
	DAY									
	EVE									
5/31	MORN									FS
	DAY									
	EVE					R				
6/1	MORN	✓								EW
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6/3	MORN									EW
	DAY									
	EVE					Y				
7/4	MORN	✓								EW
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
5/22	MORN									
	DAY									
	EVE									
5/23	MORN	/								al
	DAY									
	EVE									
5/25	MORN	/	/							HIS
	DAY									PS
	EVE									
4	MORN									
	DAY									
	EVE									
5/26	MORN	/								al
	DAY									
	EVE									
27	MORN									
	DAY									
	EVE									
28	MORN	/								al
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 6-1	MORN	Y			N					BB A. Crawford
	DAY		N			N				
	EVE			Y			VB		mv	
2 6-5	MORN									Harris
	DAY									
	EVE				N	N	VB		mv	
3 6-6	MORN	N			N	N		zc		Harris
	DAY		Y	Y		R				
	EVE				N					
4 6-7	MORN	N			N					Harris
	DAY									
	EVE				Y		VB		mv	
5 6-8	MORN	Y			N					BB Harris
	DAY		Y							
	EVE			Y			VB		mv	
6 6-9	MORN	N			N					BB Harris
	DAY									
	EVE				N	N	VB	SB	mv	
7 6-10	MORN	Y			N	N				Harris
	DAY									
	EVE				Y	N	CB			

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6/8	MORN									H/S
	DAY									
	EVE									
2	MORN									
	DAY									
	EVE									
3	MORN									
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5 9	MORN									C
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MADLES Corey AIS NO. W/Z-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6/14	MORN									
	DAY									
	EVE									
2	MORN									
	DAY									
	EVE									
3	MORN									
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6 6/17	MORN									
	DAY									
	EVE									
7 6/18	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION:

Holman Correctional Facility 2017

INMATE NAME: Maples CoreyAIS NO: WZ624CELL: G-26

VIOLATION OR REASON:

ADMITTANCE AUTH. BY:

DATE &amp; TIME RECEIVED

DATE &amp; TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6-11	MORN	Y			N	N				Shaw
	DAY				N	N				Shaw
	EVE				N	N	OK			Shaw
6-12	MORN	Y			N	N				Shaw
	DAY		Y		N	N				Shaw
	EVE		Y	Y	Y	N				A. Crawford
6-13	MORN									Shaw
	DAY		Y		Y	N				Shaw
	EVE		Y	Y	Y	N				Shaw
6-14	MORN	Y			Y	N	YB		MV	Shaw
	DAY	Y			Y	N				Shaw
	EVE				Y	N	YB		MV	Shaw
6-15	MORN	Y			N	N				Shaw
	DAY				N	N	YB		MV	Shaw
	EVE				N	N	YB		MV	Shaw
6-16	MORN	N			N					Shaw
	DAY		Y		N					Shaw
	EVE		Y	Y	Y	N				A. Crawford
6-17	MORN	Y			N					Shaw
	DAY	Y	Y		N					Shaw
	EVE		Y		N					A. Crawford

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.  
Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.  
Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.  
OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

Page 10 of 14

AR 434 - February 22, 2016

Maples - DOC  
000191



W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-Z1024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6-19	MORN	/								WB
	DAY									
	EVE			/						WB
2	MORN									
	DAY									
	EVE									
3	MORN									
	DAY									
	EVE									
4 6/22	MORN									
	DAY	/								
	EVE		/							WB
5 6/23	MORN									
	DAY									
	EVE				/					
6 6/24	MORN	/								DL
	DAY									
	EVE									
7 6/25	MORN									
	DAY									
	EVE			/						WT

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: 1 ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6/27	MORN	✓								AL
	DAY									
	EVE									
6/28	MORN									KRB
	DAY	✓								
	EVE			✓						
6/29	MORN	✓								AL
	DAY									
	EVE									
6/30	MORN									(a)
	DAY									
	EVE			✓						
7/1	MORN									
	DAY									
	EVE									
7/2	MORN	✓								AL
	DAY									
	EVE									
7/3	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 5-7	MORN	Y		N						BB
	DAY	Y			N					AC
	EVE			Y	Y		YB		mv	BB
	2100									
2 5-8	MORN	Y			N					BB
	DAY	Y								
	EVE				N	N	YB		mv	SHAW
	2100									
3 5-9	MORN	Y			N	N				SHAW
	DAY		Y		Y	R		SB		
	EVE		Y	Y	Y		YB		@ meds	BB SHAW
	2100									
4 5-10	MORN	Y			N	N				SHAW
	DAY		Y							
	EVE		Y	Y			YB		mv	BB
	2100									
5 5-11	MORN	Y			N					BB
	DAY	Y								
	EVE				Y		YB		mv	BB
	2100									
6 5-12	MORN	Y			N					BB
	DAY	Y	Y							
	EVE		Y	Y	N	N	YB		mv	SHAW
	2100									
7 5-13	MORN	Y			N	N				SHAW
	DAY		Y		Y					BB
	EVE		Y	Y	Y	N				SHAW
	2100									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21004 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 7/3	MORN									
	DAY									
	EVE			✓						<i>aw</i>
2 4	MORN	✓								<i>JB</i>
	DAY									
	EVE			✓						
3 5	MORN	✓								<i>aw</i>
	DAY		✓							<i>JB</i>
	EVE			✓						
4 6	MORN	✓								<i>aw</i>
	DAY									
	EVE									
5 7	MORN									<i>TS</i>
	DAY		✓							
	EVE			✓						
6	MORN									
	DAY									
	EVE									
7 9	MORN									<i>JB</i>
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL  
(INSTITUTION)

2015/6

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAKES COREY AIS NO. W/7-1424 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	OIC SIGNATURE
		B	D	S						
7/11	MORN									KCB
	DAY		✓							
	EVE			✓						
2	MORN									
	DAY									
	EVE									
7/13/16	MORN	Y	X							JK FB
	DAY				R					
	EVE									
7/14	MORN	✓								KCB JK
	DAY		✓							
	EVE			✓						
7/15	MORN									JK
	DAY									
	EVE				Y					
7/16	MORN	✓								JK
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC \_\_\_\_\_



W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 7/17	MORN	✓								[Signature]
	DAY									
	EVE									
2 7/18	MORN	✓								[Signature]
	DAY	✓								
	EVE		✓							
3 7/19	MORN									[Signature]
	DAY		✓							
	EVE			✓						
4 7/20	MORN									[Signature]
	DAY	✓								
	EVE			✓						
5 7/21	MORN									[Signature]
	DAY									
	EVE			✓						
6 7/22	MORN	✓								[Signature]
	DAY	✓								
	EVE			✓						
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



HOLMAN CORRECTIONAL  
(INSTITUTION)

2015/6

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: 1 ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS				EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	OIC SIGNATURE
		B	D	S	SH					
7/24	MORN									
	DAY									
	EVE			✓						
7/25	MORN	✓								JS
	DAY									HS
	EVE				✓					
7/26	MORN	✓								SP
	DAY									LS
	EVE			✓						
7/27	MORN									
	DAY									
	EVE									
7/28	MORN									
	DAY									
	EVE									
7/29	MORN	✓								HS
	DAY									CE
	EVE				✓					
7/30	MORN	✓								
	DAY									RS
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside  
 Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature and title.

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
7/31	MORN									
	DAY									
	EVE				Y					
8/1	MORN									BJ
	DAY									
	EVE									
8/2	MORN									BS
	DAY									
	EVE									
8/3	MORN									
	DAY									AD
	EVE									AD
8/4	MORN									
	DAY									
	EVE				Y					BL
8/5	MORN									BJ
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples Corey AIS NO. W2624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 5/29	MORN	Y			N	N				TSB
	DAY	Y	Y							TSB
	EVE									
2 5/29	MORN	Y			N					TSB
	DAY	Y	N			N			mv	A. Crawford
	EVE			Y	Y		Y			
3 5/30	MORN	Y			N					TSB
	DAY	Y	Y			N				A. Crawford
	EVE			Y						TSB
4 5/31	MORN	Y								TSB
	DAY	Y	Y			N			mv	A. Crawford
	EVE		Y	Y		N	Y			Shaw
5 6/1	MORN	Y			N	N				Shaw
	DAY		Y					SB		
	EVE		Y	N		N	Y		mv	Shaw
6 6/2	MORN	Y			N					Shaw
	DAY		Y			N				A. Crawford
	EVE		Y	Y						TSB
7 6/3	MORN	Y			N					TSB
	DAY	Y	Y			N				A. Crawford
	EVE		Y	Y			Y		mv	Shaw

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. W/7-624CELL: G-26VIOLATION OR REASON: 1

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8/9	MORN									WB WB
	DAY									
	EVE									
8/10	MORN									FB
	DAY									
	EVE									
8/11	MORN									HB WA
	DAY									
	EVE									
8/13	MORN									HB
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									A
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature and title.

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
7/2	MORN	Y			N					BB
	DAY	Y	N		N					H. Crawford
	EVE			Y	Y		Y		Q meds	BB
7/3	MORN	Y			N					BB
	DAY	Y	N		N					H. Crawford
	EVE			Y	N	N	Y		Q meds	Stannis
7-4	MORN	Y			N	N				Stannis
	DAY									
	EVE			Y	Y	N	Y		Q meds	Stannis
7-5	MORN	Y			N	N				Stannis
	DAY		Y			N				H. Crawford
	EVE		Y	Y			VB		MV	OB
7-6	MORN	Y								OB
	DAY	Y	Y			N				
	EVE			Y			Y		MV	OB
7-7	MORN	Y								OB
	DAY									OB
	EVE				N	N	VB		MV	OB Stannis
7-8	MORN	Y			N	N				Stannis
	DAY	Y								
	EVE			Y	Y	N				Stannis

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Helman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G26  
VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
7-9	MORN	Y			N	N				Shawis
	DAY		N							
	EVE			Y	N	N	OK			P.J. Shawis
7-10	MORN	Y			N					Shawis
	DAY		Y			N	YB		MU	A. Crawford
	EVE		Y	Y	Y					
7-11	MORN	Y						YC		
	DAY		Y			N				A. Crawford
	EVE		Y	Y						
7-12	MORN									(A) Shawis
	DAY		Y							
	EVE		Y	Y	Y	N	YB		MV	Shawis
7-13	MORN	Y			N	N				Shawis
	DAY		Y							
	EVE		Y	Y	N	N	YB		MV	P.J. Shawis
7-14	MORN	Y			N	N				Shawis
	DAY									
	EVE						YB		CP med	OB
7-15	MORN	Y								
	DAY		Y							
	EVE			Y			YB		CP med	OB

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
7/16	MORN	✓				N				ER
	DAY									
	EVE		✓		Y		g/y		(p Meds)	Suet
7/17	MORN	Y			N					DS
	DAY									
	EVE				N	N	VB		MU	SHAW
7-18	MORN	Y			N					SHAW
	DAY							SB		
	EVE		Y	Y	Y	R	VB		(p Meds)	SHAW
7-19	MORN	Y			N	N		SB		SHAW
	DAY									
	EVE						VB		MU	DB
7-20	MORN	✓				N				DB
	DAY									
	EVE									
7/21	MORN									
	DAY							SB		
	EVE				N	N				SHAW
7-22	MORN	Y			N					SHAW
	DAY		Y			N				SHAW
	EVE		Y	Y	Y	N	VB		(p Meds)	SHAW

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
7-23	MORN	Y			N	N				SH Harris
	DAY									
	EVE			Y	N	N	OK			PS Harris
7-24	MORN	Y			N					SH Harris
	DAY		Y			N				A. Crawford
	EVE		Y	Y	N		Y/H		Q Meds	PS
7-25	MORN	Y			N			2C		A. Crawford
	DAY		Y			N				A. Crawford
	EVE			Y	N		Y/H		Q Meds	PS
7-26	MORN	Y			N					PS
	DAY		Y			N		SB		A. Crawford
	EVE		Y	Y	N		Y/B		MM	SH Harris
7-27	MORN	N			N					SH Harris
	DAY									
	EVE				N	N	Y/B		MM	SH Harris
7-28	MORN	Y			N					SH Harris
	DAY		Y			N				A. Crawford
	EVE		Y	Y						PS
7-29	MORN	Y			N					PS
	DAY		Y			N				A. Crawford
	EVE			Y						

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6-18	MORN	Y			N					BB
	DAY		N		N					A. Crawford
	EVE			Y			VB		mv	
6-19	MORN									
	DAY		Y		N					A. Crawford
	EVE		Y	Y	N	N				St. Haines
6-20	MORN	Y			N	N				St. Haines
	DAY									
	EVE				N	N	IA		0 needs	St. Haines
6-21	MORN	Y			N	N				St. Haines
	DAY		Y		N	N		SB		A. Crawford
	EVE		Y	Y	N		IA		0 needs	BB
6-22	MORN	Y			N					BB
	DAY		Y							A. Crawford
	EVE		Y	Y	Y		VB		mv	BB
6-23	MORN	Y			N					BB
	DAY							SB		
	EVE				N	N				St. Haines
6-24	MORN	Y			N	N				St. Haines
	DAY									
	EVE			Y	Y	N	VB			St. Haines

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET**

INSTITUTION: Holman 2017

INMATE NAME: Maples Corey

AIS NO. W/Z 624 CELL: 6-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE & TIME RECEIVED: \_\_\_\_\_

DATE & TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
6-25	MORN	Y			N	N				SHarris
	DAY		N							SHarris
	EVE				N	N	RK		No Med	SHarris
6-26	MORN	Y			N	N				SHarris
	DAY		Y							A. Crawford
	EVE			Y	Y					SHarris
6-27	MORN	Y			N			LC		SHarris
	DAY	Y	Y							SHarris
	EVE			Y						SHarris
6-28	MORN	Y			N					SHarris
	DAY	Y								SHarris
	EVE				Y	N				SHarris
6-29	MORN	Y			N	N				SHarris
	DAY		Y							SHarris
	EVE			Y	N	N	YH		Q Meds	SHarris
6-30	MORN	Y			N					SHarris
	DAY		Y					SB		A. Crawford
	EVE		Y	Y	Y		YH		Q Meds	SHarris
7-1	MORN	Y			N					SHarris
	DAY	Y	Y			N				A. Crawford
	EVE			Y			YH		Q Meds	SHarris

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 7-30	MORN	Y			N					A. Crawford
	DAY		N		N					A. Crawford
	EVE		Y	Y			RY		CP meals	DS
2 7-31	MORN	Y			N					DS
	DAY		Y							EO
	EVE		Y	N	N		YJB		mv	EO Skewis
3 8-1	MORN	Y			N					Skewis
	DAY		Y	Y	Y	R	N			PS Skewis
	EVE									
4 8-2	MORN	Y			N					Skewis
	DAY		Y			N				A. Crawford
	EVE		Y	N			SLC		CP meals	DS
5 8-3	MORN	Y			N					DS
	DAY		Y			N		SB		A. Crawford
	EVE		Y	Y						KL
6 8-4	MORN	Y			N					KL
	DAY		Y			N			WEATHER	Bm
	EVE		Y	N	N		Y3		CP meals	Skewis
7 8-5	MORN	Y			N					Skewis
	DAY		Y			N			PREA AUDIT	Bm
	EVE		Y	Y		N	CB			Skewis

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W12624 CELL: G26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8-6	MORN	Y			N	N				S Dailey Strains
	DAY					R				
	EVE			Y	N	N				S Dailey Strains
8-7	MORN	Y			N					S Dailey Strains
	DAY		Y			N				
	EVE			Y	Y		Y		Q Meds	K Long
8-8	MORN	Y			N					K Long
	DAY		Y			N				
	EVE			Y			Y		Q Meds	O'Brien
8-9	MORN	Y								O'Brien
	DAY		Y			R				E Brown Strains
	EVE			Y	Y	N	Y		mv	E Brown Strains
8-10	MORN	Y			N					Strains S Dailey
	DAY		Y			N				Strains S Dailey
	EVE			Y	N	N	Y		mv	Strains S Dailey
8-11	MORN	Y			N					Strains S Dailey
	DAY		Y			N		SB		MB
	EVE			Y	Y					DS K Long
8-12	MORN	Y			N					DS K Long
	DAY		Y			N				MB
	EVE			Y						MB

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: maples Conroy AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8/16	MORN	✓								WB
	DAY									
	EVE			✓	✓					WB / AL
2	MORN									
	DAY									
	EVE									
3	MORN									
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
8/16	MORN	Y								OK
	DAY									
	EVE			✓						LA
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MADLES Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: 1 ADMITTANCE AUTH. BY:   
 DATE & TIME RECEIVED:  DATE & TIME RELEASED:   
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8/22	MORN	✓								HBS FS
	DAY	✓								
	EVE		✓							
8/23	MORN	✓								u FS
	DAY		✓							
	EVE			✓		R				
8/24	MORN	✓								HBS FS
	DAY		✓							
	EVE			✓						
8/25	MORN	✓								u
	DAY									
	EVE									
8/27	MORN	✓								u uB
	DAY		✓							
	EVE			✓						
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)  
 Exercise: Enter actual time period and Inside or Outside

Maples - DOC  
000211

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8-20	MORN	Y			N	N				SH S. Dailey
	DAY									
	EVE				N	N				SH S. Dailey
8-21	MORN	Y			N					SH S. Dailey
	DAY		Y			N			mm	AC DB
	EVE		Y	Y			YB			Sgt Moore
8-22	MORN	Y								
	DAY		Y			N				AC DB
	EVE		Y		N					
8-23	MORN	Y								G. Keyler
	DAY	Y	Y		Y	N			mm	SH W. Franklin
	EVE		Y		Y	N	YB			
8-24	MORN	Y			N					SH W. Franklin
	DAY		N			N				DB
	EVE		Y		N	N	YB		mm	SH S. Dailey
8-25	MORN	Y			N					SH S. Dailey
	DAY		Y			N		SB		AC DB
	EVE		Y	Y			YB		Q med	Sgt Moore
8-26	MORN	Y								
	DAY	Y	Y			N				AC DB
	EVE		Y				YB		Q Meds	

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8-28	MORN									
	DAY									
	EVE			Y	Y					In
8/29	MORN	✓								JP
	DAY		✓							JP
	EVE			✓						
8/30	MORN									
	DAY		A			R				PS
	EVE									
31	MORN									
	DAY		✓							JP
	EVE									
9/1	MORN									
	DAY		✓							JP
	EVE			✓						
9/2	MORN	✓								JP
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAKES Corey AIS NO. W/7-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OTC SIGNATURE
		B	D	S						
9/8	MORN									
	DAY									HB
	EVE									BC
9/9	MORN									
	DAY									BJ
	EVE									
10	MORN									
	DAY									RB
	EVE									
	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature and title.



W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
11/19	MORN	Y								<del>SH Stanley</del>
	DAY									
	EVE				N		YB		mm	
11/20	MORN									SH Stanley
	DAY				N					
	EVE		Y		N		YB		mm	
11/21	MORN	Y			N					SH Stanley
	DAY		Y		N					
	EVE			Y	Y		VS		0 meds	
11/22	MORN	Y			N					SH Stanley
	DAY		Y		N					
	EVE									
11/23	MORN	Y								SH Stanley
	DAY		Y		N					
	EVE									
11/24	MORN									SH Stanley
	DAY									
	EVE			Y	N		Y		0 meds	
11/25	MORN	Y			N					SH Stanley
	DAY		Y		N					
	EVE			Y	Y		Y		0 meds	

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
8-27	MORN	Y			N					DS K Larp
	DAY		N			N				AC
	EVE			Y	N		YB		MV	DS K Larp
8-28	MORN	Y			N					DS K Larp
	DAY	Y	Y			R				96
	EVE		Y	Y	N	N	YB		MV	SH Skirley
8-29	MORN	Y			N					SH Skirley
	DAY		Y			N				W Brink
	EVE		Y	Y		N	VS		Q Muds	SH Skirley
8-30	MORN	Y			N					SH Skirley
	DAY		Y			N				AC
	EVE		Y	Y	N		YB		MV	DS K Larp
8-31	MORN	Y			N					DS K Larp
	DAY		Y			N				AC
	EVE		Y	Y	N		YV		Q Muds	DS K Larp
9-1	MORN	Y			N					DS K Larp
	DAY		Y			N				DS K Larp
	EVE			N	N	N			D/R VISIT	SH Skirley
9-2	MORN	N			N					SH Skirley
	DAY		Y			N				DS K Larp
	EVE		Y	Y		N	OK			SH Skirley

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21624 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
9/13	MORN									FS
	DAY									
	EVE									
9/14	MORN									JK FS
	DAY									
	EVE									
9-15	MORN									KS
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Helman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W12624 CELL: G26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 11-12	MORN	Y			N					SH L Pace
	DAY				N					SH L Pace
	EVE			Y	N		Y4		4 meds	SH L Pace
2 11-13	MORN	Y			N					SH L Pace
	DAY		Y		N					AC
	EVE		Y	Y	N		Y4		Y4	DS Lt Brown
3 11-14	MORN	Y			N					DS Lt Brown
	DAY		Y		N					AC
	EVE		Y		N					OK Klang
4 11-15	MORN	Y			N					OK Klang
	DAY		Y		N					OK Klang
	EVE				Y		Y4		Y4	SH Sharley
5 11-16	MORN	Y			N					SH Sharley
	DAY				N					SH Sharley
	EVE				N		Y4		Y4	SH Sharley
6 11-17	MORN	N			N					SH Sharley
	DAY		Y		N			SB		AC
	EVE		Y		N					
7 11-18	MORN				N					
	DAY		Y		N					AC
	EVE		Y		N		Y4		Y4	

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016



HOLMAN CORRECTIONAL  
(INSTITUTION)

2015/6

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OTC SIGNATURE
		B	D	S						
9/19	MORN	✓								AL
	DAY									
	EVE									
9/20	MORN	✓								Laz
	DAY	✓								
	EVE	✓								
9/23	MORN	✓								Laz
	DAY	✓								
	EVE	✓								
9/24	MORN	✓								Laz
	DAY	✓								
	EVE	✓								
9/27	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature and title.

Maples - DOC  
000219



# ALABAMA DEPARTMENT OF CORRECTIONS SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W/Z624 CELL: G26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
9-3	MORN	N			N					SH Shively
	DAY									
	EVE			Y	N	N	SS	CB		SH Shively
9-4	MORN	N			N					SH Shively
	DAY		N			N				AC
	EVE				Y			YB	mm	JR Lang
9-5	MORN	Y								JR Lang
	DAY		Y		N					AC
	EVE				N			YB	mm	J.R. K Lang
9-6	MORN	Y								J.R. K Lang
	DAY	Y			N					
	EVE		Y	Y	N			LA	0222	SH Shively
9-7	MORN	Y			N					SH Shively
	DAY		Y							
	EVE			Y	N	N		YB	Q Mads	SH Shively
9-8	MORN	Y			N					SH Shively
	DAY		X					SB		SE
	EVE			Y						
9-9	MORN									
	DAY		Y			N				V Graft
	EVE			Y						

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET**

INSTITUTION: Helman Correctional Facility 2017

INMATE NAME: Maples, Corey AIS NO. W/2624 CELL: G26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
9-17	MORN	Y			N					SH
	DAY		Y							
	EVE			Y	N	R	Y		meds	SH
9-18	MORN	Y			N					SH
	DAY									
	EVE				N		VS		meds	
9-19	MORN									
	DAY		Y							AC
	EVE				N		VB		mv	AC
9-20	MORN	Y								AC
	DAY	Y	Y			N		SB		AC
	EVE			Y	Y	R				SH
9-21	MORN	Y			N					SH
	DAY		Y							
	EVE			Y	N	N	VB		mv	SH
9-22	MORN	Y			N					SH
	DAY		Y		N			SB		AC
	EVE				Y		VS		meds	
9-23	MORN	Y			N					SH
	DAY		Y							AC
	EVE				N		VB		mv	AC

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1	MORN									
	DAY									
	EVE									
2 9/27	MORN	✓								
	DAY		✓							43
	EVE			✓						
3 9/28	MORN									
	DAY		✓			R				KS
	EVE			✓						
4 9/29	MORN	✓								df
	DAY		✓							es
	EVE			✓						
5 9/30	MORN	✓								df
	DAY		✓							ED
	EVE			✓						
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

**ALABAMA DEPARTMENT OF CORRECTIONS  
SEGREGATION UNIT RECORD SHEET**

INSTITUTION: Holman 2017

INMATE NAME: Maples Corey AIS NO. W/2624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
10/1	MORN	Y								AD Day
	DAY	Y								CAE
	EVE			Y			Y/B		CP med	CAE
10/2	MORN	Y								AD Day
	DAY	Y			N		Y/B		mn	HE
	EVE			Y						
10/3	MORN	Y								ST
	DAY	Y			N		Y/B		mn	AE
	EVE			Y						ST
10/4	MORN	Y						BC		
	DAY	Y			N		Y/B		mn	CAE
	EVE		Y	Y						SH A Brown
10/5	MORN	Y			N					SH A Brown
	DAY	Y			N		Y/B		mn	HE CAE
	EVE			Y						SH A Brown
10/6	MORN	Y			N					SH A Brown
	DAY	Y			N					HE
	EVE		Y	Y			Y/B		CP med	DR D Brown
10/7	MORN	Y			N					DR D Brown
	DAY	Y			N					HE
	EVE			Y			Y/B		CP med	

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.  
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

\*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MADLES COREYAIB NO. W/7-624CELL: G-26VIOLATION OR REASON: 1

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	OIC SIGNATURE
		B	D	S						
10-2	MORN	/								
	DAY									
	EVE									
10-3	MORN	/								
	DAY									
	EVE									
10-4	MORN	/								
	DAY									
	EVE									
10-5	MORN	/								
	DAY									
	EVE									
10-6	MORN	/								
	DAY									
	EVE									
10-7	MORN	/								
	DAY									
	EVE									
10-8	MORN	/								
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen

Maples - DOC

000224



W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coroy AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 10/11/16	MORN									
	DAY		/							
	EVE		/							
2 10-12	MORN	✓								EW
	DAY									
	EVE									
3	MORN									
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \* Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MADLES CoreyAIS NO. W/7-624CELL: G-26VIOLATION OR REASON: 1

ADMITTANCE AUTH. BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	OTC SIGNATURE
		B	D	S						
10-16	MORN	✓								
	DAY									
	EVE									
10/17	MORN	✓								ED
	DAY		✓							CS
	EVE			✓						CS
10/18	MORN	✓								
	DAY		✓							ED
	EVE			✓						CS
10/19	MORN	✓								
	DAY									ED
	EVE									CS
10/20	MORN	✓								
	DAY									ED
	EVE									CS
10/21	MORN	✓								
	DAY		✓							ED
	EVE			✓						CS
10/22	MORN	✓								
	DAY									ED
	EVE									CS

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)  
 Exercise: Enter actual time period and Inside or Outside

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-216  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 11/6	MORN	✓								B. Br
	DAY	✓	✓							A. Crawford
	EVE	✓		Y						A. Crawford
2 11/7	MORN	✓								B. Br
	DAY		Y							
	EVE			Y						
3 11/8	MORN	✓								SHarris
	DAY		✓			R				SHarris
	EVE			Y						SHarris
4 11/9	MORN	✓								SHarris
	DAY	✓	✓							A. Crawford
	EVE	✓		Y						A. Crawford
5 11/10	MORN	✓								B. Br
	DAY		Y							AC
	EVE			Y						AC
6 11/11	MORN	Y								SHarris
	DAY		Y							
	EVE			Y						
7 11/12	MORN	Y								SHarris
	DAY		Y							
	EVE			Y	Y					SHarris

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL207-5/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES CORRYVIOLATION OR REASON: 1

DATE &amp; TIME RECEIVED

PERTINENT INFORMATION:

AIS NO. W/7-624CELL: G-26

ADMITTANCE AUTH. BY:

DATE &amp; TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS =	OTC SIGNATURE
		B	D	S						
10/30	MORN									
	DAY									
	EVE									
10/31	MORN	✓								
	DAY	✓	✓		No					S. Harris A. Crawford
	EVE	✓	✓	✓						A. Crawford
11/1	MORN	✓								
	DAY	✓	✓							B. Brown A. Crawford
	EVE	✓	✓	✓						A. Crawford
11/2	MORN	✓								
	DAY	✓	✓							TS: IS — A. Crawford
	EVE	✓	✓	✓						A. Crawford
11/3	MORN	✓								
	DAY	✓	✓							S. Harris
	EVE	✓	✓	✓						
11/4	MORN	✓								
	DAY	✓	✓							S. Harris A. Crawford
	EVE	✓	✓	✓						A. Crawford
11/6	MORN	✓								
	DAY	✓	✓							B. Brown A. Crawford
	EVE	✓	✓	✓						A. Crawford

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)  
 Exercise: Enter actual time period and location

Maples - DOC  
 000228

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 10/23	MORN									
	DAY									
	EVE				Y					
2 10/24	MORN	✓								DP (Kup)
	DAY									
	EVE									
3 10/25	MORN	✓								DP (Kup)
	DAY									
	EVE									
4	MORN									
	DAY									
	EVE									
5 10/26/10	MORN	Y								DP (Kup)
	DAY									
	EVE									
6 10-29	MORN									
	DAY		Y			N				DP (Kup)
	EVE			X						DP (Kup)
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004



HOLMAN CORRECTIONAL207-5/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MADLES CORAYAIS NO. W/7-624CELL: G-26VIOLATION OR REASON: 1ADMITTANCE AUTH. BY: DATE & TIME RECEIVED: DATE & TIME RELEASED: PERTINENT INFORMATION: 

DATE	SHIFT	MEALS			EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS =	OTC SIGNATURE
		B	D	S					
11/13	MORN	Y							SHarris
	DAY								
	EVE								
11/14	MORN	Y							SHarris AC AC
	DAY		Y						
	EVE		Y	Y					
11/15	MORN	Y							B.B. AC AC
	DAY		Y						
	EVE		Y	Y					
11/16	MORN	Y							B.B. K
	DAY		Y						
	EVE		Y	Y	N				
11/17	MORN	Y							SHarris JB JB
	DAY		Y						
	EVE		Y	Y					
11/18	MORN	Y							SHarris AC AC
	DAY		Y						
	EVE		Y	Y					
11/19	MORN	Y							B.B. AC AC
	DAY		Y						
	EVE		Y	Y					

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)

W.C. Holman CF  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
11/20	MORN	✓								BB
	DAY		Y							AC
	EVE			Y						AC
11/21	MORN	✓								BB
	DAY									
	EVE									
11/22	MORN	Y								SHarris
	DAY									SHarris
	EVE				Y					
11/23	MORN	Y								SHarris
	DAY		Y							AC
	EVE			Y						AC
11/24	MORN	✓								BB
	DAY		Y							AC
	EVE			Y						AC
11/25	MORN	✓								BB
	DAY									
	EVE									
11/26	MORN	Y								SHarris
	DAY									
	EVE				Y					SHarris

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO. W/7-624CELL: G-26VIOLATION OR REASON: /ADMITTANCE AUTH BY: /DATE & TIME RECEIVED: /DATE & TIME RELEASED: /PERTINENT INFORMATION: /

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS =	DOC SIGNATURE
		B	D	S						
11/27	MORN	Y								SHAWNS
	DAY									
	EVE									
11/28	MORN	Y								SHAWNS
	DAY		Y							JE
	EVE		Y							JE
11/29	MORN	✓								BB
	DAY		Y							JE
	EVE		Y							JE
11/30	MORN	Y								JK
	DAY	Y	Y			R				FS
	EVE		Y	Y						
12/1	MORN	Y								SHAWNS
	DAY									LS
	EVE									
12/2	MORN	Y								SHAWNS
	DAY		Y							JE
	EVE		Y							JE
12/3	MORN	✓								Shawns
	DAY		Y							JE
	EVE		Y							JE

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N), Refused (R)

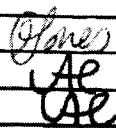

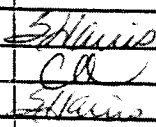

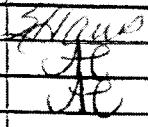


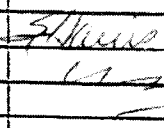

Maples - DOC

000232

W.C. Holman CF  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-21024 CELL: G-210  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE AUTH. BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 12/4	MORN	✓								 AE AE
	DAY		Y							
	EVE			Y						
2 12/5	MORN	✓								 BB
	DAY									
	EVE									
3 12/6	MORN	Y								 CB 
	DAY		✓							
	EVE			Y						
4 12/7	MORN	Y								 AE AE
	DAY		Y							
	EVE		Y							
5 12/8	MORN	✓								 BB AE AE
	DAY		Y							
	EVE			Y						
6 12/9	MORN	✓								 BB
	DAY									
	EVE									
7 12/10	MORN	Y								 
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015/6

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES CORAYAIS NO. 1017-624CELL G-26VIOLATION OR REASON:                     ADMITTANCE AUTH BY:                     DATE & TIME RECEIVED                     DATE & TIME RELEASED                     PERTINENT INFORMATION:                     

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS =	OIC SIGNATURE
		B	D	S						
11/12	MORN	Y								<i>SH Harris</i>
	DAY									
	EVE									
12/12	MORN	Y								<i>SH Harris</i> <i>AE</i> <i>AE</i>
	DAY									
	EVE	Y	Y							
13/12	MORN	✓								<i>BB</i> <i>CD</i>
	DAY									
	EVE									
14/12	MORN	✓								<i>BB</i> <i>CD</i>
	DAY									
	EVE									
15/12	MORN	Y								<i>SH Harris</i>
	DAY									
	EVE									
16/12	MORN	Y								<i>SH Harris</i> <i>AE</i> <i>AE</i>
	DAY									
	EVE	Y	Y							
17/12	MORN	Y								<i>AE</i> <i>AE</i> <i>AE</i>
	DAY	Y	Y							
	EVE	Y	Y							

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive  
 Meals/SH Shower - Yes (Y) or No (N) Refused (R)

Maples - DOC  
 000234



W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:Began 90 day SW Per Capt Smith as of 11/20/9

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
Sun 11/15	MORN	/								AS TV
	DAY									
	EVE				4					
11-16	MORN	Y								TV P
	DAY		✓			✓				
	EVE			✓						
11/17	MORN	Y								SS P
	DAY		✓							
	EVE			✓						
11/18	MORN	✓								C
	DAY									
	EVE									
11/19	MORN	Y								DL
	DAY									
	EVE									
11/20	MORN	✓								LBS P
	DAY		✓							
	EVE			✓						
11/21	MORN	Y								SS P
	DAY		✓							
	EVE			✓	4					

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/22	MORN									
	DAY									
	EVE									
23	MORN	✓								CA
	DAY									
	EVE									
24	MORN									CB
	DAY									
	EVE									
25	MORN	✓								CA
	DAY		✓							
	EVE			✓						
26	MORN	✓								
	DAY									
	EVE			✓						
27	MORN	✓								
	DAY									
	EVE			✓						
28	MORN	✓								CA
	DAY									
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/29	MORN									
	DAY	/				N				
	EVE			/						MA
30	MORN	✓								
	DAY		✓							
	EVE			✓						
1	MORN	/								
	DAY		/							
	EVE			/						
2	MORN	/								
	DAY		Y							
	EVE			Y						
3	MORN	Y								
	DAY		Y							
	EVE			Y						
4	MORN	Y								
	DAY		✓							
	EVE			✓						
5	MORN									
	DAY									
	EVE				Y					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/13	MORN	Y								P
	DAY									
	EVE			Y						
12/14	MORN	✓								CH
	DAY									
	EVE									
12/15	MORN	✓								ff
	DAY		Y							
	EVE			Y						
12/16	MORN	✓								P
	DAY		Y							
	EVE			Y						
12/17	MORN	Y								P
	DAY		Y							
	EVE			Y						
12/18	MORN	Y								P
	DAY		✓							
	EVE			✓						
12/19	MORN	✓								P
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~12-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/20	MORN	✓								[Signature]
	DAY									
	EVE			✓						
12/21	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓						
12/22	MORN									
	DAY									
	EVE									
12/23	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓						
12/24	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓						
12/25	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓						
12/26	MORN	✓								[Signature]
	DAY		✓							
	EVE			✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

6-26

~~12-18~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/28	MORN	✓								
	DAY		✓							
	EVE			✓						
12/29	MORN	✓								
	DAY		✓							
	EVE			✓						
	MORN									
	DAY									
	EVE									
12/31	MORN	Y								CW.
	DAY		Y							
	EVE			Y						
1/1	MORN	Y								CW
	DAY									
	EVE									
1/2	MORN	✓								
	DAY		Y							
	EVE			Y	YES					
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.